

OAKVIEW LIVING CENTER LLC
1530 SOUTH 500 WEST
PROVO UT 84601
STATE'S REGION CODE: 001

PROVIDER #: 465138
PHONE NUMBER: (801) 374-1468
PARTICIPATION DATE: 03/07/1994 CERTIFIED: 70

FACILITY BEDS
TOTAL: 70
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/08/2003

TOTAL: 25
MEDICARE: 0
MEDICAID: 22
OTHER: 3

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 70

18	18/19	19	ICF/MR
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4		66	

CURRENT SURVEY REVISIT DATES - 07/07/2003

PRIOR 3 SURVEY 02/2000	S/S CODE	PRIOR 2 SURVEY 04/2001	S/S CODE	PRIOR 1 SURVEY 06/2002	S/S CODE	CURRENT SURVEY 05/08/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	G						
				X	K	X C	E	06/30/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	K				REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	K				REQ F0223-RESIDENTS RIGHT TO BE FREE FROM ABUSE
				X	K				REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
				X	K				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	K				REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
X	E	X	E			X C	E	06/30/2003	REQ F0241-DIGNITY
X	E					X C	E	06/30/2003	REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	E	X	E	X C	E	06/30/2003	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	06/30/2003	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	B	06/30/2003	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	B				REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
						X C	D	06/30/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E	X	D						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E			X C	E	06/30/2003	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E			X C	B	06/30/2003	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
		X	E						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X	E						REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
X	E	X	E			X C	E	06/30/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
X	D								REQ F0444-WASH HANDS WHEN INDICATED
		X	E	X	D				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
						X C	B	06/30/2003	REQ F0464-REQUIREMENTS FOR DINING & ACTIVITY AREAS

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

OAKVIEW LIVING CENTER LLC

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PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
02/2000		04/2001		06/2002		05/08/2003			
X	E			X	K	X C	E	06/30/2003	REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
		X	E			X C	B	06/30/2003	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
				X	E				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
		X	E			X C	B	06/30/2003	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	E								REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
				X	K				REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
02/2000	03/2001	06/2002	05/20/2003	
			X C	07/15/2003
			X C	06/30/2003
X	X	X	X C	07/17/2003
			X C	07/15/2003
X		X		
		X	X C	06/30/2003
		X		
		X	X C	06/30/2003
X	X	X	X C	06/30/2003
	X	X	X C	06/30/2003
X		X		
		X		
			X C	06/30/2003
			X C	06/30/2003
X				
X	X	X		

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE
K0015-INTERIOR FINISH - ROOMS
K0018-CORRIDOR DOORS
K0025-SMOKE PARTITION CONSTRUCTION
K0029-HAZARDOUS AREAS - SEPARATION
K0038-EXIT ACCESS
K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORTABLE FIRE EXTINGUISHERS
K0066-SMOKING REGULATIONS
K0072-FURNISHING AND DECORATIONS
K0073-FLAMMABLE FURNISHINGS
K0074-COMBUSTIBLE CURTAINS
K0075-WASTEBASKETS
K0130-OTHER

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COP = CONDITION REQ = REQUIREMENT

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	14	10	15	8
HEALTH TOTAL	14	10	15	8
LIFE SAFETY CODE	10	12	4	6
LIFE SAFETY CODE + HEALTH	24	22	19	14

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/05/2003	SUBSTANTIATED
05/08/2003	SUBSTANTIATED
05/14/2003	UNSUBSTANTIATED
07/17/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY